



1999

COUNSELOR REPORT

- Please fill out after you complete your work on a mediation session.
- If you are making a recommendation, fill out that part of questionnaire when you know what your recommendation will be.
- Place completed form in session envelope with client forms.
- Thank you for your time and cooperation.

1. Date of session: ____/____/____
Mo Day Yr

Counselor I.D. _____

2. What background do you have on this case? (Check all that apply)

- ☐ I have met with the family before
- ☐ Report of initial assessment and screening
- ☐ Have case file/intake sheet
- ☐ Have legal file
- ☐ Have moving papers
- ☐ Previous Evaluation report
- ☐ Nothing
- ☐ Other (Please describe)

3. Has the family been seen in Family Court Services before?

- ☐ Yes
- ☐ No
- ☐ Don't know

A. Including today, about how many different times has this family been to Family Court Services for different actions? _____

☐ Don't know

4. With whom did you meet today? (Check all that apply)

- ☐ Mother and Father ☐ Mother alone ☐ Father alone ☐ Other (Please describe)

A. Why did you meet with parents alone? (Check all that apply)

- ☐ Domestic violence restraining order
- ☐ No restraining order, but domestic violence concerns
- ☐ One parent out of area
- ☐ Routinely meet with each parent alone as part of session
- ☐ Other (Please describe)

5. Were any special procedures or services used for today's session? (Check all that apply)

- ☐ None
- ☐ Video conferencing
- ☐ Speaker phone
- ☐ Interpreter in mediation session
- ☐ Bilingual mediator
- ☐ Support person for mother present
- ☐ Support person for father present
- ☐ Other (*Please describe*)

6. Were allegations made before or during session?

- ☐ No **SKIP TO QUESTION 7**
- ☐ Yes **IF YES: (Check all that apply)**

Who is alleged to have done this?

| <u>Allegations:</u> | <u>Mother</u> | <u>Father</u> | | |
|--|--------------------------|--------------------------|--|---|
| a. Child abduction | <input type="checkbox"/> | <input type="checkbox"/> | | |
| b. Child neglect | <input type="checkbox"/> | <input type="checkbox"/> | | |
| c. Domestic violence | <input type="checkbox"/> | <input type="checkbox"/> | | |
| d. Maligning the other parent in front of the child | <input type="checkbox"/> | <input type="checkbox"/> | | |
| e. Harassing the other parent | <input type="checkbox"/> | <input type="checkbox"/> | | |
| f. Psychological disorder | <input type="checkbox"/> | <input type="checkbox"/> | | |
| g. Drug or alcohol abuse | <input type="checkbox"/> | <input type="checkbox"/> | | |
| h. Stalking the other parent | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | Someone associated <u>with</u> <u>Mother</u> | Someone associated <u>with Father</u> |
| i. Physical abuse of child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Sexual abuse of child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Emotional abuse of child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Other (<i>Please describe</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. What other issues came up before or during the session? (Check all that apply)

| | Which parent? | |
|--|--------------------------|--------------------------|
| | <u>Mother</u> | <u>Father</u> |
| a. Move away | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Parent does not show for visitation | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Parents prevent visitation | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Other (<i>Please describe</i>) | <input type="checkbox"/> | <input type="checkbox"/> |

8. A. At the point this session began, what was the level of risk to the health, safety, or welfare of the child(ren)?

Low Extremely High

1 2 3 4 5 6 7 8 9 10

B. IF ANY RISK: Do you feel the risk was in: (Check all that apply)

☐ Mother's household ☐ Father's household ☐ Other (*Please describe*)

9. Has Child Protective Services (CPS) investigated a report about this family's children?

☐ Yes

A. Whose household did the report(s) concern?

(*Check all that apply*)

☐ No

☐ Mother

☐ CPS dropped because
case in family court

☐ Father

☐ Other (*Please describe*)

☐ Don't know

B. Was the finding that child was at risk in:

(*Check all that apply*)

☐ Mother's house

☐ Father's house

☐ Neither

☐ Other (*Please describe*)

10. Are any of the children in this family involved in juvenile court?

☐ Yes, currently

☐ Yes, in the past

☐ No

☐ Don't know

11. Was this family referred by the Family Law Facilitator or Support Commissioner?

☐ Yes

☐ No

☐ Don't know

12. LEGAL CUSTODY

Choose one answer under A. Then check answers to questions printed in that row only.

| A. What is the purpose of today's session? (Choose one category below)) | B. At the beginning of the session what were the terms of existing agreement or order: | C. What methods were used to reach that court order or agreement? | D. What was the status of legal custody at end of today's session? | E. Terms at end of today's session: |
|---|--|--|--|--|
| <input type="checkbox"/> Establish initial temporary or permanent order for legal custody Answer D & E | | | <i>(Choose one)</i> <input type="checkbox"/> Not yet decided <input type="checkbox"/> Temporary agreement <input type="checkbox"/> Final agreement <input type="checkbox"/> Will make recommendation | <i>(Choose one)</i> <input type="checkbox"/> Not yet decided <input type="checkbox"/> To Mother <input type="checkbox"/> To Father <input type="checkbox"/> Joint <input type="checkbox"/> Different for each child |
| OR | | | | |
| <input type="checkbox"/> Modify existing order for legal custody Answer B – E | <i>(Choose one)</i> <input type="checkbox"/> To Mother <input type="checkbox"/> To Father <input type="checkbox"/> Joint <input type="checkbox"/> Different for each child | <i>(Check all that apply)</i> <input type="checkbox"/> Parents on their own <input type="checkbox"/> Lawyers <input type="checkbox"/> Court-based mediation <input type="checkbox"/> Mediator recommendation <input type="checkbox"/> Evaluation/Investigation <input type="checkbox"/> Court hearing <input type="checkbox"/> Ex-parte orders <input type="checkbox"/> Don't know | <i>(Choose one)</i> <input type="checkbox"/> Not yet decided <input type="checkbox"/> Temporary agreement <input type="checkbox"/> Final agreement <input type="checkbox"/> Will make recommendation | <i>(Choose one)</i> <input type="checkbox"/> Not yet decided <input type="checkbox"/> To Mother <input type="checkbox"/> To Father <input type="checkbox"/> Joint <input type="checkbox"/> Different for each child |
| OR | | | | |
| <input type="checkbox"/> Legal custody not at issue – agreement or order in place Answer B & C | <i>(Choose one)</i> <input type="checkbox"/> To Mother <input type="checkbox"/> To Father <input type="checkbox"/> Joint <input type="checkbox"/> Different for each child | <i>(Check all that apply)</i> <input type="checkbox"/> Parents on their own <input type="checkbox"/> Lawyers <input type="checkbox"/> Court-based mediation <input type="checkbox"/> Mediator recommendation <input type="checkbox"/> Evaluation/Investigation <input type="checkbox"/> Court hearing <input type="checkbox"/> Ex-parte orders <input type="checkbox"/> Don't know | | |

13. PHYSICAL CUSTODY

Choose one answer under A. Then check answers to questions printed in that row only.

| A. What is the purpose of today's session? <i>(Choose one category below)</i> | B. At the beginning of the session what were the terms of existing agreement or order: | C. What methods were used to reach that court order or agreement? | D. What was the status of physical custody at end of today's session? | E. Terms at end of today's session: |
|--|--|--|--|--|
| <input type="checkbox"/> Establish initial temporary or permanent order for physical custody Answer D & E | | | <i>(Choose one)</i> <input type="checkbox"/> Not yet decided <input type="checkbox"/> Temporary agreement <input type="checkbox"/> Final agreement <input type="checkbox"/> Will make recommendation | <i>(Choose one)</i> <input type="checkbox"/> Not yet decided <input type="checkbox"/> To Mother <input type="checkbox"/> To Father <input type="checkbox"/> Joint <input type="checkbox"/> Different for each child |
| OR | | | | |
| <input type="checkbox"/> Modify existing order for physical custody Answer B – E | <i>(Choose one)</i> <input type="checkbox"/> To Mother <input type="checkbox"/> To Father <input type="checkbox"/> Joint <input type="checkbox"/> Different for each child | <i>(Check all that apply)</i> <input type="checkbox"/> Parents on their own <input type="checkbox"/> Lawyers <input type="checkbox"/> Court-based mediation <input type="checkbox"/> Mediator recommendation <input type="checkbox"/> Evaluation/Investigation <input type="checkbox"/> Court hearing <input type="checkbox"/> Ex-parte orders <input type="checkbox"/> Don't know | <i>(Choose one)</i> <input type="checkbox"/> Not yet decided <input type="checkbox"/> Temporary agreement <input type="checkbox"/> Final agreement <input type="checkbox"/> Will make recommendation | <i>(Choose one)</i> <input type="checkbox"/> Not yet decided <input type="checkbox"/> To Mother <input type="checkbox"/> To Father <input type="checkbox"/> Joint <input type="checkbox"/> Different for each child |
| OR | | | | |
| <input type="checkbox"/> Physical custody not at issue – agreement or order in place Answer B & C | <i>(Choose one)</i> <input type="checkbox"/> To Mother <input type="checkbox"/> To Father <input type="checkbox"/> Joint <input type="checkbox"/> Different for each child | <i>(Check all that apply)</i> <input type="checkbox"/> Parents on their own <input type="checkbox"/> Lawyers <input type="checkbox"/> Court-based mediation <input type="checkbox"/> Mediator recommendation <input type="checkbox"/> Evaluation/Investigation <input type="checkbox"/> Court hearing <input type="checkbox"/> Ex-parte orders <input type="checkbox"/> Don't know | | |

14. PRIMARY RESIDENCE

Choose one answer under A. Then check answers to questions printed in that row only.

| A. What is the purpose of today's session? <i>(Choose one category below)</i> | B. At the beginning of the session what were the terms of existing agreement or order: | C. What methods were used to reach that court order or agreement? | D. What was the status of primary residence at end of today's session? | E. Terms at end of today's session: |
|---|--|--|--|--|
| <input type="checkbox"/> Establish initial temporary or permanent order for primary residence Answer D & E | | | <i>(Choose one)</i> <input type="checkbox"/> Not yet decided <input type="checkbox"/> Temporary agreement <input type="checkbox"/> Final agreement <input type="checkbox"/> Will make recommendation | <i>(Choose one)</i> <input type="checkbox"/> Not yet decided <input type="checkbox"/> To Mother <input type="checkbox"/> To Father <input type="checkbox"/> Joint <input type="checkbox"/> Different for each child |
| OR | | | | |
| <input type="checkbox"/> Modify existing order for primary residence Answer B – E | <i>(Choose one)</i> <input type="checkbox"/> To Mother <input type="checkbox"/> To Father <input type="checkbox"/> Joint <input type="checkbox"/> Different for each child | <i>(Check all that apply)</i> <input type="checkbox"/> Parents on their own <input type="checkbox"/> Lawyers <input type="checkbox"/> Court-based mediation <input type="checkbox"/> Mediator recommendation <input type="checkbox"/> Evaluation/Investigation <input type="checkbox"/> Court hearing <input type="checkbox"/> Ex-parte orders <input type="checkbox"/> Don't know | <i>(Choose one)</i> <input type="checkbox"/> Not yet decided <input type="checkbox"/> Temporary agreement <input type="checkbox"/> Final agreement <input type="checkbox"/> Will make recommendation | <i>(Choose one)</i> <input type="checkbox"/> Not yet decided <input type="checkbox"/> To Mother <input type="checkbox"/> To Father <input type="checkbox"/> Joint <input type="checkbox"/> Different for each child |
| OR | | | | |
| <input type="checkbox"/> Primary residence not at issue – agreement or order in place Answer B & C | <i>(Choose one)</i> <input type="checkbox"/> To Mother <input type="checkbox"/> To Father <input type="checkbox"/> Joint <input type="checkbox"/> Different for each child | <i>(Check all that apply)</i> <input type="checkbox"/> Parents on their own <input type="checkbox"/> Lawyers <input type="checkbox"/> Court-based mediation <input type="checkbox"/> Mediator recommendation <input type="checkbox"/> Evaluation/Investigation <input type="checkbox"/> Court hearing <input type="checkbox"/> Ex-parte orders <input type="checkbox"/> Don't know | | |

15. TIME WITH EACH PARENT

A. What was the status of time with each parent at end of today's session? (Check only one)

- ☐ Time with each parent is still not decided
☐ Temporary agreement about time with each parent
☐ Final agreement about time with each parent
☐ Mediator recommendation
☐ Time with each parent not at issue – agreement or order in place

B. In the first 4 weeks (28 days) after the plan goes into effect, or according to current order in effect, how many overnights will the children spend with each parent?

_____ Overnights with Mother

_____ Overnights with Father

- ☐ Different for each child
☐ Not decided

16. What are the next steps for this family? (Check all that apply)

- ☐ No court-connected next steps
☐ Custody evaluation/investigation
☐ FCS review scheduled
☐ Further court-connected mediation
☐ Court hearing
☐ Settlement conference
☐ Mediator recommendation
☐ Don't know
☐ Other (Please describe)

17. As the counselor for this family, how do you feel the session went for the parents?

(Please circle the number that best indicates your assessment)

A. The session was:

Not Productive
At All
1 2 3 4 5 6 7 8 9 10
Extremely Productive

B. We worked on issues that were:

Not Difficult
At All
1 2 3 4 5 6 7 8 9 10
Extremely Difficult

C. The level of tension or emotional intensity was:

Not High
At All
1 2 3 4 5 6 7 8 9 10
Extremely High

D. Further mediation would be:

Not Productive
At All
1 2 3 4 5 6 7 8 9 10
Extremely Productive

☐ 17D DOES NOT APPLY – Parents Reached Agreement

18. Are you aware of any reasons why the client might not have the opportunity to fill out the parent viewpoint on site immediately after the session? ₁ ☐ Yes ₀ ☐ No

19. Where did this session take place?

- ₁ ☐ In my private office, not FCS or courthouse
- ₂ ☐ In regular FCS offices, courthouses or satellite office
- ₃ ☐ In space in courthouse, not regular FCS offices
- ₄ ☐ Other (*Please describe*)

20. Will a recommendation be made in this case?

- ₂ ☐ No, mediators do not make recommendations in this court
- ₀ ☐ No, the parents agreed to a parenting plan
- ₁ ☐ Yes

A. Who will investigate and make recommendation?

- ₁ ☐ I will
- ₂ ☐ Another staff member

IF YOU WILL INVESTIGATE AND MAKE RECOMMENDATION, FILL OUT ADDITIONAL PAGE ANSWERING QUESTIONS 21 – 27 WHEN YOU KNOW WHAT YOU WILL RECOMMEND. Enter the 6 digit ID# and put the page in the session envelope.

If someone else will investigate and recommend, please enter this sessions ID# on the additional page and give it to the person who can answer Q 21 – 27 along with the case file.

RECOMMENDATION PAGE

21. On which orders are you making a recommendation? *(Check all that apply)*

- ☐ Custody
- ☐ Primary residence
- ☐ Visitation
- ☐ Holidays / vacation
- ☐ Other *(Please describe)*

22. Have you: *(Check all that apply)*

YES

NO

- | | | |
|-----------------------------------|--------------------------|--------------------------|
| a. Interviewed the children | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Made any home visits | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Met with attorneys involved | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Checked criminal records | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Checked probation records | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Checked DMV records | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Checked CPS | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other <i>(Please describe)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

23. What agencies outside of the court have you had contact with about this family? *(Check all that apply)*

- | | |
|--|---|
| a. <input type="checkbox"/> None | h. <input type="checkbox"/> CASA |
| b. <input type="checkbox"/> Supervised visitation provider | i. <input type="checkbox"/> School |
| c. <input type="checkbox"/> Domestic violence shelter | j. <input type="checkbox"/> Law enforcement |
| d. <input type="checkbox"/> Health care provider | k. <input type="checkbox"/> Child education agency (i.e. Kids Turn) |
| e. <input type="checkbox"/> Child care provider | l. <input type="checkbox"/> Outside parent education provider |
| f. <input type="checkbox"/> Substance treatment center | m. <input type="checkbox"/> Other <i>(Please describe)</i> |
| g. <input type="checkbox"/> Mental Health Professional | |

24. Special visitation provisions you are recommending: *(Check all that apply)*

- | | |
|--|--|
| a. <input type="checkbox"/> None | f. <input type="checkbox"/> No substance (may include tobacco) use during visitation |
| b. <input type="checkbox"/> Supervised visitation initiated/continued | g. <input type="checkbox"/> Nonremoval of child from state |
| c. <input type="checkbox"/> Supervised visitation stopped | h. <input type="checkbox"/> Restrictions on driving with children |
| d. <input type="checkbox"/> Suspended visitation | i. <input type="checkbox"/> No contact with specific third party |
| e. <input type="checkbox"/> Supervised exchanges or neutral pickup point | j. <input type="checkbox"/> Other <i>(Please describe)</i> |

OVER

25. Other provisions you are recommending: *(Check all that apply)*

- | | Mother | Father |
|--|--------------------------|--------------------------|
| a. <input type="checkbox"/> Parent education class for | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <input type="checkbox"/> Drug/alcohol testing/treatment for | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <input type="checkbox"/> Domestic violence treatment for | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <input type="checkbox"/> Other counseling for | <input type="checkbox"/> | <input type="checkbox"/> |
| e. <input type="checkbox"/> Counseling for child | | |
| f. <input type="checkbox"/> Attorney for child | | |
| g. <input type="checkbox"/> Child advocate or CASA | | |
| h. <input type="checkbox"/> Special Master | | |
| i. <input type="checkbox"/> None | | |
| j. <input type="checkbox"/> Other <i>(Please describe)</i> | | |

26. Check below to indicate your recommendation on each order your recommendation covers. (see Q 22)

A. Legal custody *(Check one)*

- ☐ to Mother
☐ to Father
☐ Joint
☐ Different for each child
☐ Not an issue

B. Physical custody *(Check one)*

- ☐ to Mother
☐ to Father
☐ Joint
☐ Different for each child
☐ Not an issue

C. Primary residence *(Check one)*

- ☐ to Mother
☐ to Father
☐ Joint
☐ Different for each child
☐ Not an issue

D. Time with each parent: In the first 4 weeks (28 days) after the plan goes into effect, how many overnights will the children spend with each parent?

_____ Overnights with mother ☐ Different for each child
_____ Overnights with father

27. A. What kind of report have you prepared?

- ☐ Verbal
☐ Written

B. Excluding time spent in mediation, about how much time do you estimate you have spent preparing to make this recommendation? _____Hrs